

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Z</i>		
O.I.P.E. CLASSIFIER	<i>W</i>		<i>4-18-01</i>
FORMALITY REVIEW	<i>LCK</i>	<i>1034</i>	<i>5-03-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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NK 5/4/01

If more than 150 claims or 10 actions  
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Best Available Copy